

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gail L. Smith M.D.

Mailing Address 6875 Ann Arbor Saline Rd.

City State Zip Code
Saline MI 48176

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physician Anesthesia Services

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : C2864861

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephen R. Smith M.D.

Mailing Address 2402 Bentley Court

City State Zip Code
Columbia MO 65202-4312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Anesthesiology Associates, Inc

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2014

Transaction ID : C2853412

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Shannon M. Sorah D.O.

Mailing Address 11743 Couch Mill Road

City State Zip Code
Knoxville TN 37932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Med. Ctr. Anes. Gr.

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

808.37

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2014

Transaction ID : C2853446

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

1291.67

TOTAL This Period (last page this line number only)..... ►